



**COMMITTEE ON DENTAL AUXILIARIES**  
**THE DENTAL BOARD OF CALIFORNIA**  
 1428 HOWE AVENUE, SUITE 58, SACRAMENTO, CA 95825  
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### APPLICATION TO ACTIVATE/INACTIVATE LICENSE

Please print or type legibly

Name of Licensee \_\_\_\_\_ License Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

( ) I wish to **ACTIVATE** my RDA/RDAF/RDH/RDHEF/RDHAP license. Attached are copies of the certificates of completion for the required continuing education (CE) units that have been taken within the last two (2) years. Any CE units accumulated before January 1, 2006 that meet the requirement in effect on the date the units were accumulated will be accepted by the Board for license renewals taking place between January 1, 2006 and January 1, 2008. CE units accumulated on and after January 1, 2006 must include at least 80% units in Category 1 subjects which are courses in the actual delivery of dental services to the patient or the community, including 2 units in infection control, 2 units in the California Dental Practice Act, and a course in basic support. No more than 20% of the required units may be in Category II subjects, which are other courses directly related to the practice of dentistry.

( ) I have enclosed my current original **INACTIVE** pocket license as **required**.

( ) I wish to **INACTIVATE** my RDA/RDAF/RDH/RDHEF/RDHAP license. I understand that I may NOT perform any duties that require a license until my license is reactivated.

( ) I have enclosed my current original **ACTIVE** pocket license as **required**.

I certify under penalty of the laws of the State of California that the above is true and correct.

\_\_\_\_\_  
 Signature and Date **REQUIRED**

#### Information Collection and Access

Agency requesting information: Department of Consumer Affairs, Dental Board of California, Committee on Dental Auxiliaries, 1428 Howe Avenue, Suite 58, Sacramento, CA 95825

The information in this application is mandatory and is maintained by the Executive Officer in accordance with the Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. The information requested will be used to activate or inactivate a license. Failure to provide all or any part of the requested information may result in the application being rejected as incomplete. Each individual has the right to review personal information maintained on that person by the agency, unless the records are exempt from disclosure.